

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43282
Do not use this space.

JAN 22 1940

1. PLACE OF DEATH

(a) County Dunklin 2 Registration District No. 284
 (b) Township Blakston 1 Primary Registration District No. 5-403 Registered No. 18
 (c) City Blakston (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. 30 mos. 2 ds. 4 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sam H. Duncanson

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Chatham Duncanson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29, 1882
 7. AGE YEARS 57 MONTHS 3 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 20yr. 11. Total time (years) spent in this occupation 6yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain

FATHER 13. NAME William Thomas Duncanson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Le Well

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Starett (ADDRESS) Malden, Mo.

18. BURIAL, CREMATION, OR REMOVAL Blakston, Mo. PLACE Stanfield DATE Dec. 10, 1939

19. FUNERAL DIRECTOR (NAME) Wm. H. Craig (ADDRESS) Malden, Mo.

20. FILED 12-11-39 J. D. Stummet Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____, 19____. Death is said to have occurred on the date stated above, at 3.2 m.
 The principal cause of death and related causes of importance were as follows:

Unattended by a physician
Coronary Thrombosis
 Date of onset _____
 Other contributory causes of importance: 94 lb
Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify George J. Helms, D.O. (Signed) George J. Helms, D.O. (Address) Blakston, Mo.

NOV 15 1948

RECEIVED
District Health Officer No. 3
District File No. 1,40-82
Date 1/19/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Registered Apprentice No. _____, working, under my personal supervision.

Signed Sam H. Craig

Licensed Embalmer No. 7850

P. O. Address Malden Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

